



Missouri Pharmacy Program – Preferred Drug List



Hematopoietic Agents ***Effective 08/01/2006***

Preferred Agents

- Epogen®
- Aranesp®
- Procrit®

Non-Preferred Agents

<u>Approval Criteria</u>	<u>Denial Criteria</u>
See Attachment	See Attachment
	Drug Prior Authorization Hotline: (800) 392-8030.

Approval Criteria

Approval Diagnoses				
Condition	Submitted ICD-9 Diagnoses*	Inferred Drugs	History Date Range	Client Approval (initials)
(Epoetin & Darbepoetin)				
Anemia of chronic renal failure	CRF	N/A	90 days	
Anemia with chemotherapy	Non-myeloid cancers	--	90 days	
	--	Chemotherapy agents	30 days	
(Epoetin Only)				
Anemia with zidovudine-treated HIV	HIV	--	90 days	
	--	Zidovudine	30 days	
Elective surgery**	Non-cardiac, nonvascular	--	--	
Allogenic blood transfusion in surgery patients	Non-cardiac, nonvascular	--	--	

*Please refer to Appendix **Call center (no ICD-9 codes submitted yet due to future date for surgery)

***Other approval diagnoses subject to clinical review

Denial Criteria

- Therapy will be denied if no approval criteria are met
- Darbepoetin use in patients < 18 years of age (not studied in pediatric patients)
- Darbepoetin use for conditions other than anemia associated with chronic renal failure or chemotherapy of non-myeloid cancers (unapproved indications)
- Absence of approval diagnoses or procedure codes
- Use in patients with uncontrolled hypertension or other contraindications
- Absence of lab values indicating probable response to therapy:
 - Transferrin sat $\geq 20\%$ (assure adequate iron stores to support erythropoiesis)
 - Ferritin ≥ 100 ng/mL (assure adequate iron stores to support erythropoiesis)

- Hct <30% for chronic renal failure patients not receiving dialysis (initial therapy)
- Endogenous serum erythropoietin <500 mUnits/mL for HIV patients (higher levels unlikely to respond to therapy)
- Hct >36% or Hgb >12 g/dL in patients receiving continuing therapy (risk for adverse events)
- Patients not responding to usual doses of therapy; prescriber to rule out causes for delayed / diminished response before continuing therapy, including:
 - Iron deficiency
 - Underlying infectious, inflammatory, or malignant processes
 - Occult blood loss
 - Underlying hematologic diseases
 - Folic acid or vitamin B12 deficiency
 - Hemolysis
 - Aluminum intoxication
 - Osteitis fibrosa cystica

Appendix

ICD-9 Diagnosis Code Definitions	
Condition	Codes
Non-myeloid cancer	140.xx – 239.xx (excluding 205.xx [myeloid leukemia])
Chronic renal failure	585.xx
HIV	042.xx, 795.71, 079.53, V08